

Registration District No. 399

Primary Registration District No. 1602

1. PLACE OF DEATH: Jackson
 (a) County Jackson
 (b) City or town Kansas City
 (c) Name of hospital or institution 3605 E. 72nd St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 35 years / (Specify whether years, months or days)
 In this community 35 years / (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Caulkins
 3. (b) If veteran, name war No
 3. (c) Social Security No. 487-10-4673

4. Sex Male 5. Color or race Wh
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mae Caulkins
 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased January 6 1879
 (Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 3
 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo. 0
 (City, town, or county) (State or foreign country)

10. Usual occupation Employee
 11. Industry or business K.C. Gas Co.

MOTHER FATHER {
 12. Name No Record
 13. Birthplace " " 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Jane Emerson
 15. Birthplace No Record 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mae Caulkins
 (b) Address 3605 E. 72nd St.

17. (a) Burial (b) Date thereof 12-12-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director J.W. Wagner
 (b) Address Kansas City, Mo.

19. (a) 12/11/41 (b) M. M. Crow
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 048
 (a) State Missouri (b) County Jackson 3
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3605 East 72nd St.
 (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
 year 1941 hour 1030 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 4 - 1941
 _____, 19____, to Dec. 9, 1941.
 that I last saw him alive on Dec. 6, 1941.
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure
 Due to Chronic Myocarditis
Atherosclerosis
Ch. nephritis
 Due to 1213
 Other conditions (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature J. M. Jones (M. D. or other) 0
 Address 801 + Radio Date signed 12/10/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 5 1942

84 1879
80 2000

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Cecil R. Matthes
Licensed Embalmer No. 3807
P. O. Address Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.